## SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/ 590154 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER AFTER **AFTER AS FILED AS FILED** 1" AMENDMENT 2 MAMENDMENT I"AMENDMENT 2 nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51

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